



Hawaii Department of Human Services

Civil Rights Awareness

Administrative Procedures

April 18, 2013

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Federal Legal Authority

- Civil Rights Act/s (VI +)
- Rehabilitation Act (Section 504)
- Age Discrimination Act
- Equal Pay Act
- Education Amendments (IX)
- Americans with Disabilities Act, as amended
- Genetic Information Act

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State Legal Authority

- Hawai'i Revised Statutes §371-31-34
- Recipients of state financial assistance, including grants and purchase-of-service contracts, must take reasonable steps to provide meaningful access to their programs, services, and activities for persons with limited English proficiency (LEP).

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Overview

- Civil Rights Definitions, Goals, and Objectives
 - Federal and State Laws on Discrimination, Disabilities and Reasonable Accommodation
DHS P & P 4.10.3 and 4.10.4
 - Discriminatory Harassment P&P 4.10.2
 - Discrimination Complaint Policy and Procedures
DHS P & P 4.10.1
 - Language Access--Limited English Proficiency
DHS P & P 4.10.3 and 4.10.4
Hawaii Revised Statutes 371 & 378
 - Bias-free Language
- Reasonable Accommodation Overview Update

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Part I

Civil Rights Awareness and Tools

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What does Civil Rights

Compliance

Mean to You ?

General Compliance

USDA FNS

USHHS

HUD

SSA

DOE

DOJ

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What is "*Discrimination*"?

The word **discrimination** comes from the Latin *discriminare*, which means to "distinguish between". However, **discrimination**, as used in **civil rights**, is more than distinction; it is *action based on prejudice resulting in unfair treatment of other people*. To **discriminate** socially is to make a distinction between people on the basis of a presumed category without regard to individual merit. Examples include race, religion, gender, disability, ethnicity, sexual orientation and age.

Distinctions between people which are based on individual merit (such as personal achievement, wealth, or skill) are generally not considered socially discriminatory.

In America, each individual's **civil rights** include the *right to be free from government sponsored social discrimination*.

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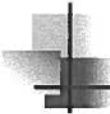
DHS Civil Rights

Goal: Prevention

Objective:

To create awareness of our roles in providing workplace and service areas that are free from discriminatory practices toward employees, clients and applicants.

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Protected Areas in Employment

FEDERAL

Race
Color
National Origin
Sex

Religion
Disability
Age

Uniformed Service
Citizenship Status
Genetic Information

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What's covered? Protected Classes in Hawaii in Employment

- Race/Color
- National origin
- Ancestry
- Sex (pregnancy); Gender identity
- Age
- Disability
- Religion
- Sexual orientation
- Marital status
- Arrest and court record
- Breastfeeding
- National Guard absence
- Child support
- Association with a person with a disability
- Credit history or report
- Domestic or sexual violence victim
- Pay based on sex
- Citizenship status
- Uniformed service
- HIV status/test status


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The Equal Pay Act (EPA)

- Prohibits sex-based wage discrimination
- Includes fringe benefits
- Applies when men and women perform substantially equal work

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The Age Discrimination in Employment Act (ADEA)

- Applies to employers with 20 or more employees.
- Applies to individuals who are age 40 and over.

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Protected Areas in Access to Services

FEDERAL

National Origin
Political Beliefs*
Race
Color
Sex
Religion
Disability
Age

Ancestry
Breast Feeding

STATE

* Applies to SNAP Program (formerly Food Stamp) only

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Harassment Defined

- Any unwelcome verbal or physical conduct based on:

- Race
- Color
- Sex (Gender)
- Religion
- National origin - ex: LEP
- Age
- Disability - ex: MENTAL HEALTH

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Types of Harassment

1. Tangible Employment Action

- Only supervisors and managers can subject an employee to tangible employment action harassment because only supervisors and managers have the authority needed to take a tangible employment action (hiring, benefits, promotion, training, demotion, discharge).

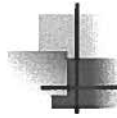
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2. Sexual Harassment

- Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature
- Something promised in exchange for something else

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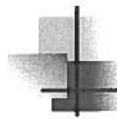
Harassment

DHS P&P 4.10.2 (2011)

Is **UNLAWFUL**
when:

- It is based on a protected factor
- It alters terms and conditions

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Identifying and Preventing Workplace Harassment

- Educate and Monitor
- Listen and Investigate
- Take Timely Corrective Action
- Set the standard; prevent workplace harassment

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Rights and Responsibilities

(Access Hawaii Rights & Responsibility
Brochure - DHS 050, 2011)

Available in public waiting areas, on employee bulletin boards,
applications and in the Civil Rights Corner.

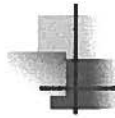
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Know the difference

- Discrimination is based upon the perception of the client/employee that he/she is discriminated against based on one or more of the protected factors.
- Workplace violence is an act of aggression that the victim perceives as a threat to his/her safety, health and well being.
- Contact Eleanor Suma, PERS/ERS at 586-9543 to discuss your particular situation relative to workplace violence.
- Contact Geneva Watts/PERS/CRCS at 586-4955 to discuss your particular situation relative to discrimination.
- Contact your union representative to discuss your particular situation relative to misconduct.

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DHS' Discrimination Complaint Policy and Procedures 4.10.1

Forms available at
<http://humanservices.hawaii.gov>

In the Civil Rights Corner

Discussion/Questions

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Complaint Process

- Individuals who believe they have been subjected to discrimination based on national origin or any protected basis may file a complaint on DHS Forms 6000 and 6006
<http://humanservices.hawaii.gov>
- CRCS will initiate an investigation

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Discrimination Complaint Process

- ❑ Right to file complaint concurrently
- ❑ Must be informed of complaint process in writing
- ❑ Forms, brochures, posters in multiple languages
- ❑ Guidelines should be clear
- ❑ Procedures, processes and forms readily available

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Discriminatory Retaliation is Prohibited

- It is unlawful to **penalize, punish or deny** any **employment status** because that person opposed discrimination or participated in any way (ex: as a witness) in the investigation of a charge
- It is unlawful to **penalize, punish or deny (or delay)** any **services or benefits** because that person opposed discrimination or participated in any way (ex: as a witness) in the investigation of a charge

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Part II

Forms and Techniques

DHS 5000

DHS 5050

DHS 6000

DHS 6006

DHS 6007

RA-1 and Fact Sheet

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Language Access Requirements

Opportunities for clients and applicants, to participate in programs, services and activities.

Clients and program participants

shall be informed of their right to:

- Non-discriminatory service provision
- Accommodations
- Free interpreter services
- Filing a discrimination complaint

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What to do

- Step 1: Determine the primary language spoken.
 - Check application form
 - Use “I speak” cards <http://www.lep.gov>
 - Telephone Interpreter service 1-866 874 3972
CODE_____
 - Poster (FLAG AND OLA 2012)—LOCAL PHONE #
 - * New SCRIPT and Google Translate (voice)

Once you have established the primary language you will need to make timely arrangements for an interpreter and document your efforts in the case notes/log of contacts.

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How to do it

Step 2: Getting an interpreter.

- Contact a DHS employee (preferably familiar with program).
 - DHS Volunteer
 - For current listing (586-4955 or gwatts@dhs.hawaii.gov)
 - arrange an appointment with the client and interpreter
- Contact Telephone Interpreter service where available
- Arrange for an interpreter for the formal interview
- There are other resources for interpreters that are available to you:
 - DCAB Listing
 - Court Interpreter Listing
 - Google Translate (voice)

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Working with the Interpreter

- The interpreter shall read, initial and date the Interpreter Code of Ethics
 - Document in log of contacts/contact notes.
 - Copy and place in case record.
- The interpreter shall provide a Confirmation statement to confirm to his/her qualifications
 - Verify signature on Confirmation and place in case notes or log of contacts.
 - Copy and file in case record.

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Interpreter Services Waiver

- When a client declines free interpreter services offered by DHS, document in your log of contacts:
 - Your efforts in providing free interpreter services
 - The client's declining such offer and the date and reason.
- The DHS shall provide a form and alternate interpreter verification/documentation in client's primary language.
 - If the client is unable to read in primary language, oral translation will be necessary.
- As a DHS employee, you shall document your efforts in providing free appropriate and timely interpreter services in your log of contacts or case notes.

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Interpreter Requirements

- Proficient in more than one language
- Avoid using a client's friend, family, minor children.
- Document client waiver of free interpreter service.
- Arrange before bringing client in whenever possible.
- Use DHS volunteers appropriately.
- Examine credentials (over age of 18)
- Your particular program may require you to provide an interpreter for your use to verify that the communication is correct, accurate and understood by the client or applicant even when the client provides his/her own interpreter.

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Remember

- Inform LEP individuals of their right to free interpreter services
- Avoid using a client's/applicant's friend or family member or minor to interpret
- Contact one or more interpreter services (phone, e-mail, on-line, in-person)
- Use DHS Volunteer Interpreters as appropriate and needed
- Provide information on process for filing a Discrimination Complaint and/or a service complaint when service delivery is unacceptable

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Remember (continued)

- Document your efforts and the decision of the client to accept or decline the free interpreter service.
- Ensure that LEP applicants, potential applicants and clients are:
 - Given adequate, timely and correct information
 - Understanding of what services and benefits are available
 - Effectively communicating relevant circumstances of their situation
 - Documentation of services provided or client's declination of offered free interpreter service
 - Provided a comprehensive language assistance program, written policies, interpreter and/or translation services and effective communication devices.

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Part III

Bias Free Language

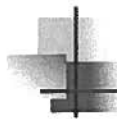
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Bias- Free Language

How Do We Continue to Remove Our
Stereotypes in Communicating with our
Employees and Clients?

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Bias-Free Language

Eskimo	Inuk (singular) Inuit (Plural)
Hispanic, Latino, Latin American	A prime example of the complexities of terms related to nationality
Indian	American Indian, Native American (or better, name the person's tribe)
Oriental	Asian (or be specific)
Racial Codes: Welfare, inner-city, underprivileged	Do not use a a euphemisms for racial groups

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Bias-Free Language

Councilman	Council Member
chairman	chair person
fireman, policeman	fire fighter, police officer
draftsman	drafting technician
handicapped, invalid	person with a disability (or be specific)
man and wife	husband and wife, partners
manmade	artificial, handmade, synthetic
man hours	staff hours; staff / work time
master, slave	first (primary) copy, second copy
middle man	intermediary
waiter, waitress	server

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Guidelines for Achieving Bias-Free Communication

Be aware of words, images and situations that suggest that all or most members of a group are the same. Stereotypes often lead to assumptions that are unsupportable and offensive.

Example: A writer who describes a *Martian child as well-dressed* may be unconsciously portraying this as an exception to a stereotype that *Martians are unkempt*.

Avoid qualifiers that reinforce stereotypes. A qualifier is added information that suggests what is being said is an exception to what is expected.

Example: "A group of *intelligent Martian* students were guests as part of the orientation program." Would members of the majority population be described in the same way; i.e. the *intelligent Earthling* students?

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More Guidelines for Achieving Bias-Free Communication

Identify people by identity characteristics only when relevant. Very few situations require such identification.

Examples: "Michael Bloomberg, noted *heterosexual* mayor of New York..." "Twenty-two House Democrats, led by *gay* Democratic Representative Barney Frank..."

Be aware of language that, to some people, has questionable racial or ethnic connotations. While a word or phrase may not be personally offensive to you, it may be to others. I.e. disorganized, unorganized, as a general characteristic for a race or group.

Examples: "*Culturally deprived*" or "*culturally disadvantaged*." These terms imply superiority of one culture over another. In fact, people so labeled are often bicultural and bilingual. For example, "*Nonwhite*," implies that white is the standard. In American language, similar phrases such as *non-black* or *non-yellow* do not exist.

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More Guidelines for Achieving Bias-Free Communication

Be aware of the negative implications of *color* symbolic words. Choose words that do not reinforce bias. In some instances, *black* and *yellow* have become associated with the undesirable or negative.

Examples: *black* hearted and *yellow* coward

Avoid patronizing language and tokenism toward any racial or ethnic group.

Example: Once-a-year articles or special editions about a particular group may be interpreted as *cultural tokenism*, especially when such a group constitutes a large part of the community. This approach may suggest that that racial or ethnic group is out of the mainstream.

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More Guidelines for Achieving Bias-Free Communication

Substitute substantive information for ethnic clichés.
Don't let ethnic clichés substitute for in-depth information.

Example: A person of Pacific Island heritage might prefer to be asked about family history or real estate experiences than about surfing or dance.

Review marketing media to see if all groups are fairly represented.

Examples: Are persons portrayed in positions of authority almost invariably white? Does your marketing media provide diverse racial role models?

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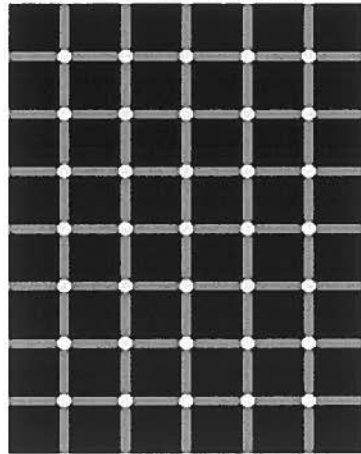
Remember Access to Government Services is a Civil Right

Granted by the U.S. Constitution

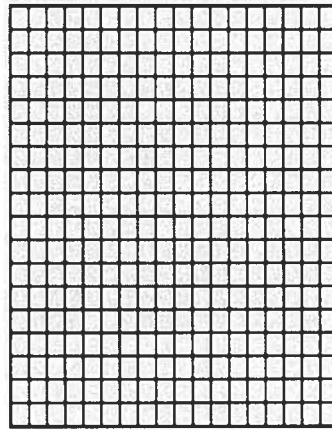
- **Civil rights include the right to free speech, to privacy, to equal protection and due process.**
- **The right not to be discriminated in government services falls under equal protection which means that everyone shall be treated equally no matter the race, sex, religion or national origin and other protected factors.**

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The human mind, naturally
“*discriminates*” and can make you
imagine....



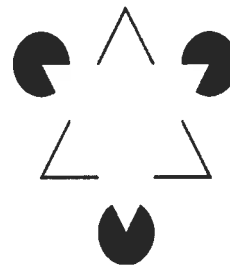
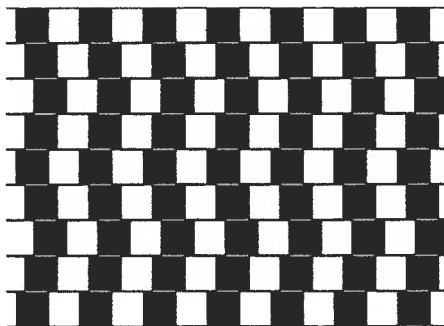
Black Dots



White Dots

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...or even make a *straight* line,
appear crooked...



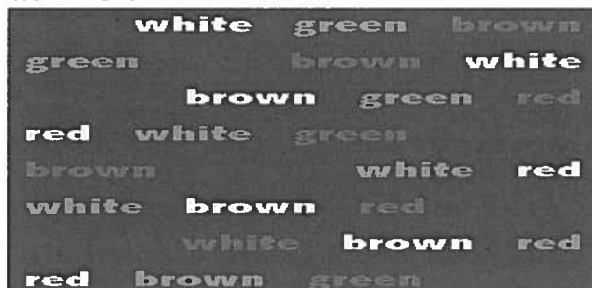
Or a shape that's not even there

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Let's Reinforce the ***Written Law***, Not the Person's Color !

Start at the top and say the *actual* color, not the *written* word.



The "Stroop Test," invented by John Stroop in 1935, psychologically tests our mental ability to stop one response in order to do something else.

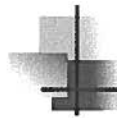
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<http://humanservices.hawaii.gov>
Civil Rights Corner

- Forms
- Training
- Plans
- Policies
- Notices
- Resource Lists

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Who is Responsible?

- Supervisor Responsibilities

Effective

- o Notice

- o Participation

- o Right to Complain

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Part IV

- Reasonable Accommodation update

**Pregnancy and Pregnancy Related
Disability**

Religious Practices or Beliefs

Domestic or Sexual Violence Victims

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How to provide Reasonable Accommodations

- Making facilities accessible
- Job restructuring, modifying work schedules, reassignment
- Acquiring or modifying equipment or devices
- Adjusting examinations, training materials, or policies
- Providing qualified readers or interpreters

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Title I of the Americans with Disabilities Act

(ADA) (as amended)

- Prohibits discrimination on the basis of disability, including requirements relative to providing a reasonable accommodation in employment and services for disabled individuals
- 2010 amendments redefined terms and clarified intent
Refer to ADAA and Reasonable Accommodation
<http://humanservices.hawaii.gov>

Accessibility to State Government by Persons with Disabilities

- Administrative Directive No. 12-06 Governor Neil Abercrombie

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Definition of a “Disability”

- A physical or mental impairment that substantially limits a major life activity
- A record of such an impairment
- Being regarded as having such an impairment

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Disability Illegal to:

- Refuse to hire, fire, penalize
- Limit, segregate, or classify
- Use prejudices of workers/clients
- Requires time away
- Retaliate

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Disability

Remember

- A qualified person with a permanent physical or mental impairment that substantially limits a major life activity
- Has a right to an effective reasonable accommodation

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Reasonable Accommodation Update

What's Covered?

What's Reasonable?

Who's Responsible?

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REASONABLE ACCOMMODATION

A modification or adjustment to a job, the work environment, or the way job tasks are usually accomplished, to enable a person with a disability to perform the essential functions of a job or position.


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Pregnancy

- Pregnant women or women affected by pregnancy must be treated in same manner as other applicants or employees with same abilities or disabilities
- Equal treatment
- An accommodation is an adjustment—different treatment
- May be viewed as special treatment, but law requires accommodation.

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Pregnancy or Related Illegal to:

- Refuse to hire, fire, penalize
- Not allow to express breast milk (similar to smoking breaks)
- Retaliate
- Use prejudices of workers/clients
- Requires time away

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Pregnancy Related Questions and Answers

- **Can DHS fire or require employee to take leave because of performance problems?**

Only if DHS first makes reasonable accommodation and employee is still unable to perform.

- What are some examples of reasonable accommodations?
 - *Time off from work for doctor appointment/s*
 - *Sit instead of stand*
 - *Excuse from /assist in lifting*
 - *Reassign to a vacancy (not usually recommended)*
 - *Breaks/rest periods; clean/safe place to express milk*
 - *Sick leave*

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Disability

Reasonable Accommodation

NOT Examples

- Eliminating an essential function
- Lowering standards
- Reassigning supervision
- Promoting to a higher or demoting to a lower position
- Providing personal use items
- Creating "light duty" or new jobs

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Disability

Examples Reasonable Accommodation

- Restructured job
- Modified or part-time schedule
- Modified policy or procedure
- Purchased/modified equipment
- Readers/interpreters or other auxiliary aids/services
- Leaves of absence
- Reassignment to a vacancy (usually not recommended)


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Religious Practices

- Persons who request an adjustment for their bona fide religious practice or belief is due reasonable accommodation
- Bona fide—It is a sincerely held religious practice or belief irrespective of affiliation with an established church or religion.


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Religious Practices Illegal to:

- Force participation or not
- More/less favorably
 - hire to include/exclude
 - use different requirements
 - allow religious expression
- Retaliate —“business as usual”

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Religious Practices Questions and Answers

- What constitutes an effective accommodation?
An alternative that eliminates the conflict between a religious practice and an employment/service requirement
- What are some examples of effective reasonable accommodations?
 - *Leave for religious observances*
 - *Time and/or a place to pray*
 - *Ability to wear religious attire*
 - *Restructuring work/schedules*
 - *Voluntary substitutes*

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Domestic or Sexual Violence Victim Status

- Persons who provide verification and/or is known to be a victim may request a reasonable accommodation, such as:
 - Changing contact information
 - Screening telephone calls
 - Restructuring job functions
 - Changing work location
 - Installing locks/security devices
 - Flexible hours

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Domestic or Sexual Violence Victim Status Written Verification

- DHS may request written verification every 6 months from:
 - Victim services organization
 - Employee's attorney/advocate
 - Attorney/advocate of employee's minor child
 - Medical/health professional
 - Clergy
 - Police/court record
- After being notified
- After having actual knowledge
- After receiving verification

*If verified by a protective order with an expiration date, request only after expiration of order or extensions, whichever is later.

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Overall Defense

- Undue Hardship—demonstrate that accommodation would be disruptive, fundamentally alter the operation, OR require more than minimal or “administrative” cost:
 - Nature and cost
 - Financial resources
 - Operations
 - Number needing accommodation
 - Existence of bona fide seniority

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Overall Keys

- Requested
- Case-by-case
- Different
- Not usual and customary
- Not unfair; it is the law
- Interactive process
- Consideration of alternatives
- Effective

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Form, Fact Sheet and Practice

- RA-1
(Available at <http://humanservices.hawaii.gov>
in the Civil Rights Corner)
- How to
- Fact Sheet
- Processing
- Questions

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Remember

- These requirements are to provide a balance between DHS' need to operate and society's need to have equality of opportunity, full participation, and contributing members
- It's the law.
- It's your responsibility.

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Further Information

- gwatts@dhs.hawaii.gov
- Federal Guidelines <http://www.lep.gov>
- Hawaii Revised Statutes
<http://www.labor.gov/ola>
- DHS Policy and Procedures 4.10.4
- <http://humanservices.hawaii.gov>
(Civil Rights Corner)
 - Write: PERS/CRCS
P. O. 339
Honolulu, HI 96809-0339

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For More Information.....

- Pregnancy Federal <http://www.eeoc.gov/facts/fs-preg.html>
State <http://hawaii.gov/labor/hcrc/pdf/INFOpreg.pdf>
& <http://hawaii.gov/labor/hcrc/har4.shtml#12-46-106>
- Disabilities Federal http://www1.eeoc.gov/laws/regulations/adaaa_fact_sheet.cfm?renderforprng=1
State <http://hawaii.gov/labor/hcrc/har9.shtml#12-46-187>
<http://hawaii.gov/health/dcab/sohramanual/> online or
<http://hawaii.gov/health/dcab/docs/sohramanual.pdf> print
- Religion Federal <http://www.eeoc.gov/facts/fs-religion.html>
State <http://hawaii.gov/labor/hcrc/har7.shtml#12-46-154>
- Domestic or Sexual Violence Victim Federal—NONE Not a Federal coverage
State
<http://hawaii.gov/labor/hcrc/pdf/HCRC%20Act%20206%2010-18-11%20public%20hearing%20agenda.pdf> and
http://www.capitol.hawaii.gov/session2011/bills/SB229_CD1_.pdf
- gwatts@dhs.hawaii.gov 586-4955 <http://humanservices.hawaii.gov>

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What will you do differently?

- What specific actions will you take as a result of increased awareness?
 - How will you change the way you work with clients? Employees?
 - Create a list of what you will do differently and put it into action.

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LANGUAGE ASSISTANCE RESOURCES			
INTERPRETATION (Oral)			
Benjamin J. Boud (Chinese/English)	bcob@uphill.com		1 (808) 343-3133
East-West Concepts, Inc. (Kauai)	Janos Samu eastwestconcepts@aol.com		1 (808) 332-5220
Equality and Access to the Courts	Court Interpreter List http://www.hawaii.gov/dhs		(808) 539-4860
Hawaii Interpreting Services (ASL)	Sign Language		(808) 394-7706
Helping Hands Hawaii	Bilingual Access Line		(808) 526-9724
Island Skill Gathering	Valerie Miehlslein val@isginc.org		(808) 732-4622
Optimal Phone Interpreters	Cathy Delgadio		1 (866) 380-9410 x154
Pacific Gateway Center	colleen@pacificgatewaycenter.org		(808) 851-7005
	Program Coordinator		(808) 851-7000
Pacific Interpreters	matthew.riley@pacificinterpreters.com		1 (800) 311-1232
Tele-interpreter	Access Code Needed by Division		1 (866) 874-3972
Vergara, Herman, Individual	hermanvergara20082@gmail.com		(702) 468-5311
TRANSLATION (Written Only)			
Appleseed, Inc	Kristina Samu ksamu@appleseedinc.net		1 (609) 561-9253
Transperfect	demery@transperfect.com		1 (202) 347-2300
Via Language	Nancy Pautsch www.viaLanguage.com		1 (800) 737-8481 x1018
Center for Interpretation and Translation Studies	suezeng@hawaii.edu		(808) 956-4421
WEBSITES			
Appleseed, Inc.	http://www.appleseedinc.net		
Corporate Translation Services, Inc.	http://www.ctslanguageink.com		
Court Interpreter List	http://www.state.hi.us/jud/pdf/interpreters.pdf		
East-West Concepts	http://www.eastwestconcepts.com		
Federal Guidelines & General Resources	http://www.lep.gov		
Language Line Services, Inc.	http://languageinc.com		
Migration Policy Institute	http://www.migrationinformation.org/datahub		
Office of Language Access	http://hawaii.gov/labor/ola		
Pacific Gateway	http://www.pacificgateway.org		
Pacific Interpreters	http://www.pacificinterpreters.com		
Tele-interpreter	http://www.teleinterpreters.com/need_interpreter_now.aspx		
Transperfect	http://www.transperfect.com		
USDHHS, OCR	http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html		PERS/CRCS

DEPARTMENT OF HUMAN SERVICES				EMPLOYEE AND COMMUNITY INTERPRETER LIST								
LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIV.	UNIT	PHONE #	LANGUAGE (or Dialect)	Notes:				

Guidelines for Providing Equal Access
by Removing Language Barriers and
Providing Interpretation Services at
no cost to the individual seeking DHS services.

Greet the individual seeking services, on the phone or in person, with a smile and aloha.

1. Determine whether the individual is an Limited English Proficient (LEP) individual.
2. Identify the chosen language via I speak cards, point-to-posters and/or asking **one or more** of the following questions if you believe the person can understand what you are asking: (Usually, it is not necessary to ask all of these questions.)
 - (a) Would you like an interpreter?
 - (b) What language do you feel most comfortable speaking most of the time?
 - (c) How well do you think you understand English?
 - (d) How satisfied are you with your ability to read English?
 - (e) In which language do you feel most comfortable reading medical or health care instructions?

When the individual can understand one or two words in English only:

- (a) Obtain the LEP individual's phone number for call back with interpreter and/or
 - (b) Say: Please call: 1-888-764-7586 to get information in your language.
3. Document the acceptance or waiver of offer of interpreter services.
4. Follow-up to check for understanding.

Suggested Script for assisting Limited English Proficient (LEP) Individuals

Sample Script: (1)

Hello (or Aloha) my name is _____.

I can help you with _____. (Be brief)

Would you like an interpreter to help you understand what we need to do?

What language do you feel most comfortable speaking most of the time?

Please wait while I obtain an interpreter.

OR

Sample Script: (2) (understands/speaks one or two words in English only)

English no? Interpreter yes? Speak language? Service?

Please wait. or Please call 1-888-764-7586.

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Sign in

Translate

From: English - detected

To: Vietnamese

Translate

English Japanese Spanish Detect language

Spanish Vietnamese Korean

Sample Script: (1)

Hello (or Aloha) my name is

I can help you
with _____ (Be
brief)

Would you like an interpreter to help you
understand what we need to do?

What language do you feel most comfortable
speaking most of the time?

Please wait while I obtain an interpreter.

Mẫu lấy: (1)

Xin chào (Aloha) tôi tên là

Tôi có thể giúp bạn
with _____ (Hãy
ngắn gọn)

Bạn có muốn một thông dịch viên để giúp bạn
hiểu những gì chúng ta cần làm?

Ngôn ngữ nào bạn cảm thấy thoải mái nhất nói
hầu hết thời gian?

Xin vui lòng chờ trong khi tôi có được một thông
dịch viên.

Translate

From: English - detected

To: Vietnamese

Translate

Portuguese English Spanish English - detected

Thai Russian Vietnamese

Sample Script: (2) (understands/speaks one
or two words in English only)

English no?

Interpreter yes?

Speak language?

Service?

Please wait. or Please call
1-888-764-7586.

Mẫu lấy: (2) (hiểu / nói một hoặc hai từ chỉ bằng
tiếng Anh)

Tiếng Anh không?

Thông dịch viên có?

Nói bằng ngôn ngữ?

Dịch vụ?

Vui lòng đợi. Vui lòng gọi 1-888-764-7586.

NOTICE

Free Interpreter Services
Available to assist with
Access to DHS services

CALL Toll-Free

1-888-764-7586



免費的翻譯員服務，以幫助 DHS
的服務，請打免費電話 1-888-764-7586。



DHS (후생국)의 서비스들을 받기 위해서 무료 통역
서비스를 이용할 수 있으며 무료 직통전화
1-888-764-7586으로 연락하세요



Mei or ei neni ka-tongenì kòkòri ìka pwe ke
mòchen nòunou chon chiaku ese kamo ei
neni ìlan DHS nampam 1-888-764-7586.



Adde Libre a Serbisyo dagiti Interpreter nga
tumulong a sumrek kadagiti serbisyo ti
DHS. Tawag 1-888-764-7586



Ewor jerba! In Ukook Ko Eyelok Wonaer nan
jaban ilo drelonlok ilo jikan jaban ko an DHS,
kirlok Toll-Free nombas in 1-888-764-7586.

Việt Nam

Các Dịch Vụ Thông Dịch Viên Miễn Phí có sẵn để trợ
giúp đạt được các dịch vụ của DHS. gọi Số
Điện-Thoại-Miễn-Phi 1-888-764-7586.

**OFFER AND ACCEPTANCE OR WAIVER OF
FREE INTERPRETER SERVICES**

Case Name: _____ Case Number: _____
Worker: _____ Unit: _____
Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1.	ENGLISH is my primary language:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below: <input type="checkbox"/> I need an interpreter for the following language: _____ If you need an interpreter, go to part 3, and check the box that applies to you.		
3.	<input type="checkbox"/> I want DHS to provide an interpreter at no cost to me. <input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own. <ul style="list-style-type: none">• I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.• I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.• I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.• I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.		
4.	I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.		
Print Name: _____			
Signature: _____		Date: _____	

INTERPRETER FORM

Name: _____ Language: _____

Phone No.: _____ E-mail Address: _____

DHS Division/Branch/Section/Unit: _____

DHS Position Title: _____

Company: _____

Address: _____

For DHS Staff Volunteer Interpreter:

☐ I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.

☐ I do not want to be on the DHS List of Volunteer Interpreters; however I will provide interpreter services for _____.

For Family And Friends Providing Interpreter Services:

Name of person you are interpreting for: _____

Your relationship to the person you are interpreting for: _____

I state that the following are true:

☐ I have read and understand the Interpreter Code of Ethics (on the back of this form), and agree to follow it when providing interpreter services;

☐ I am 18 years of age or older; and,

Check as applicable:

Fluency:
Fair Good Excellent

☐ I can communicate in English and the language listed above; _____

☐ I can interpret to and from English and the language listed above; _____

☐ I can translate written English to the language listed above; _____

☐ I can translate the written language listed above to English; _____

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

(Signature)

Date

Interpreter Code of Ethics

1. Accuracy

- a. Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
- b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
- c. Interpreters shall seek clarification when needed.
- d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality

- a. Interpreters shall keep confidential all assignment-related information and shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

3. Impartiality

- a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
- b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.
- c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries

- a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.
- b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
- c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism

- a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
- b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.
- c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.
- d. Interpreters shall participate in continuing education programs when available.
- e. Interpreters seek evaluative feedback in order to improve their performance.

*Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
Revised June 2009*

DISCRIMINATION COMPLAINT FORM

NAME: _____ XXX-XX _____
 SSN (last four digits) PHONE (Home) PHONE (Work/Cell)

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYER (Division/Unit), if applicable _____

1. JOB TITLE _____

2. BASIS OF ALLEGED DISCRIMINATION. Choose appropriate item(s).

- | | | |
|---|---|---|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Breast-Feeding | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Arrest/Court Records | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Child Support Assignment | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> National Guard Absence | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Political Belief |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Credit History |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Domestic/Sexual Violence Victims | |

Explain briefly what, if anything, you have done about the alleged discrimination?

3. Does your complaint concern alleged discrimination in services delivery? ☐ Yes ☐ No
4. Does your complaint concern alleged discrimination in employment? ☐ Yes ☐ No
5. Is the alleged discrimination against you? ☐ No ☐ Yes, By Whom? _____
6. Explain how and why you believe you were discriminated against. Please be SPECIFIC and include any names, dates, witnesses and places of the incident(s). *(Attach additional sheets if you require more space.)*

7. Is the alleged discrimination against others? ☐ No ☐ Yes. List Name(s), Address(es) and Phone Number(s)

8. What is the specific date or period of time of the alleged discrimination?

9. Please indicate the relief/remedy you are seeking.

10. I will notify Department of Human Services (DHS), Personnel Office, Civil Rights Compliance Staff (CRCS), P. O. Box 339, Honolulu, Hawaii 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO THE ABOVE ADDRESS.

Signature _____ Date _____

CONSENT / RELEASE FORM

Your Name: _____

Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation it might become necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS) to reveal my identity to persons at the organization under investigation. I am also aware of the obligations of CRCS to honor requests under the Freedom of Information and Privacy Acts. I understand that it might be necessary for DHS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations and DHS policies from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes.

Initial on the line
above if you give
consent.

CONSENT GRANTED – I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation and to Federal or State agencies that provide financial assistance to the organization or also have civil rights compliance oversight responsibilities that cover that organization. I hereby authorize DHS to receive material and information about me pertinent to the investigation of my complaint. This release includes and is not limited to, applications, case files, personal records and medical records. This authorization is effective for one year from the date the authorization is signed. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on the line
above if you deny
consent.

CONSENT DENIED – I have read and understand the above information and do not want CRCS to reveal my identity to the organization under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, may result in the investigation being closed.

Signature

Date

Please return completed, signed and dated form to:

State of Hawaii
Department of Human Services
PERS/CRCS
P. O. Box 339
Honolulu, Hawaii 96809-0339

Questions may be sent to: gwatts@dhs.hawaii.gov

The purpose of this form is to assist you in filing a complaint with the Department of Human Services.
You are not required to use this form; a letter with the same information is sufficient.
**HOWEVER, THE INFORMATION REQUESTED ABOVE
MUST BE PROVIDED, WHETHER THE FORM IS USED OR NOT.**

(PLEASE READ THE ATTACHED NOTICE OF DISCRIMINATION COMPLAINTS
AND NON-RETALIATION REQUIREMENT)

NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discriminatory treatment in services and/or employment have a right to file a complaint using the Department of Human Services (DHS) DISCRIMINATION COMPLAINT FORM, DHS 6000 (Rev. 02/2012). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

STATE OF HAWAII
Department of Human Services
Personnel Office/Civil Rights Compliance Staff
P. O. Box 339
Honolulu, Hawaii 96809-0339
Tel: (808) 586-4955 TTY: (808) 586-4950

gwatts@dhs.hawaii.gov

Individuals also have a right to seek redress for their complaint through the appropriate:

1. Collective Bargaining Unit
2. State or Federal Compliance Agencies, and/or
3. Civil Court action.

Confidentiality: All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue(s) in the complaint. A complainant consent release form (DHS 6006) will be required to begin an investigation.

Non-retaliation: Section 704(a) of the Civil Rights Act of 1964, as amended, states:

“It shall be an unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment (or services) because he/she has opposed any practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Additionally, laws enforced prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with the Department of Human Services are advised of this non-retaliation requirement and are instructed to notify the Department's Personnel Office/Civil Rights Compliance Staff, if any attempt at retaliation is made as a result of filing a complaint.

Rights and Responsibilities: The following list highlights some rights and responsibilities and is NOT all inclusive:

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance or discrimination complaint. Such representative shall not be a departmental, State or Federal equal employment opportunity representative or personnel specialist.
2. You have the right to discontinue your complaint at any time by submitting a written statement of withdrawal (DHS 6007).
3. You have the right to be notified of each of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodations, including and not limited to, language interpreters/translators, auxiliary aids and/or facilities and parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the State or Federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

The following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii
Hawaii Civil Rights Commission
830 Punchbowl Street, Room 411
Honolulu, HI 96813
Telephone: (808) 586-8636

U. S. Department of Labor
Office of Contract Compliance Programs
Prince Kuhio Federal Building, Room 7326
300 Ala Moana Boulevard
Honolulu, HI 96850
Telephone: (808) 541-2933

U. S. Department of Health and Human Services
Office of Civil Rights, Region IX
90 7th Street, Suite 4-100
San Francisco, CA 94103-6705
Telephone: (415) 437-8324

U. S. Department of Agriculture
Office of Civil Rights, Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington DC 20250-9410
Telephone: (202) 720-5964

OR

Office of Civil Rights, Food and Nutrition Service Western Region
90 7th Street, Suite 10-100
San Francisco, CA 94103
Telephone: (415) 705-1322 TTY: (800) 735-2922

U. S. Department of Justice
Office of Civil Rights
810 7th Street, NW
Washington, DC 20531
Telephone: (202) 307-0690

U. S. Department of Housing and Urban Development
Office of Civil Rights
451 7th Street, SW
Washington, DC 20410
Telephone: (202) 708-1112 TTY: (202) 708-1455

NOTICE OF NON-RETALIATION REQUIREMENT

Section 704(a) of the Civil Rights Act of 1964, as amended, states:

“It shall be unlawful employment practice for an employer to discriminate against any of his/her employees or applicant(s) for employment...because he/she has opposed any practice made an unlawful employment practice by this title, or because he/she has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under this title.”

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the Department's Civil Rights Compliance Staff at (808) 586-4955 if any attempt at retaliation is made as a result of their filing this complaint.

State of Hawaii
Department of Human Services
COMPLAINT WITHDRAWAL FORM

I, _____ hereby WITHDRAW my Discrimination Complaint
signed by me on (Date) _____. I am revoking any consent I might have granted
previously for release of information. I am voluntarily revoking this consent and the request for
an investigation and do not wish to proceed with this complaint. I have received no promises,
rewards or concessions which might have influenced me in withdrawing this complaint.

Complainant

Date

Note: Please be advised that no one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has either taken action or participated in an action to secure rights protected by civil rights laws. Any individual alleging such harassment or intimidation may file a complaint with appropriate internal or external agencies who will investigate such a complaint if the situation warrants.

**Please help us by checking all statements that apply, sign and date and return to
DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.**

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against
_____ because:

- ___ 1. I no longer wish to pursue my complaint because the issues I raised are now resolved.
- ___ 2. I no longer believe that I have a discrimination complaint.
- ___ 3. I am currently receiving the benefits I am entitled to receive.
- ___ 4. I understand that the changes in current laws prohibit me from receiving benefits.

Signature

Date

Questions may be submitted to: gwatts@dhs.hawaii.gov

Date: _____ Please check one: I am an ☐ Employee ☐ Applicant ☐ Client

My name is: _____ I can be reached at: Phone: _____

My home address is _____ E-mail _____

My work or service address is: Division : _____ Section: _____ Unit: _____

My supervisor is: _____ My case worker is: _____

1. I am requesting the following **specific** accommodation(s): _____
2. It is necessary for me to have this accommodation for the following reason/s: _____

It will improve my job performance by _____

Date _____

_____ **Disapproved*** Approx. Cost: _____ (from Division/Section funds)
Reason/s Denied: _____

Division Administrator Signature Date

Specifics: _____ ☐ Approved ☐ Disapproved

Date: _____

Reasonable Accommodation

How do I request a reasonable accommodation under the Americans with Disabilities Act, as amended?

1. **Employee or applicant** completes, signs and dates RA-1 providing:
 - a. contact information
 - b. description of what is needed and why (attach photo or price list as appropriate)
 - c. describe the functional limitation/s which make the request necessary
 - d. list alternative effective accommodations
2. **Immediate supervisor:**
 - a. participates in an interactive process with employee about the most effective accommodation by (1) scheduling a time to discuss specifically what is being requested, (2) reviewing the essential and nonessential functions of the current job description (2) documenting what has taken place during the dialog/s to determine the most effective accommodation which meets the needs of the individual and the unit, (3) consulting with the Civil Rights Compliance Staff for technical assistance as needed and (4) signing and dating the RA-1 either recommending approval or disapproval stating specifically what is approved, or if disapproval is recommended, reasons for disapproval.
 - b. at the conclusion of (2a) above, forwards the original RA-1 to the Division Administrator for (1) review, (2) signature (3) date, (4) reserve funds when approval is recommended (if approval is not recommended, reason for disapproval must be given), and (4) forward to the Civil Rights Compliance Staff.
3. **Civil Rights Compliance Staff:**
 - a. clarifies specifically what is being recommended for approval
 - b. reviews for compliance with ADA provisions, EEOC, and HCRC guidelines
 - c. prepares transmittal and supporting documents for signature by Departmental Personnel Officer.
4. **Departmental Personnel Officer:**
 - a. seeks clarification as needed
 - b. approves or disapproves, signs and dates
 - c. states reason/s for disapproval.
5. **Employee or Applicant:**
 - a. has 10 (ten) business days to provide additional information if request is disapproved
 - b. assumes responsibility for follow-up in a timely manner
6. **Upon completion:**
 - a. RA-1 is returned to immediate supervisor/caseworker for purchase from divisional or program funds
 - b. Immediate supervisor notifies Civil Rights Compliance Staff gwatts@dhs.hawaii.gov when accommodation is complete/purchased.



EXECUTIVE CHAMBERS
HONOLULU

NEIL ABERCROMBIE
GOVERNOR

December 18, 2012

ADMINISTRATIVE DIRECTIVE NO. 12-06

TO: All Department and Agency Heads

SUBJECT: Accessibility to State Government by Persons with Disabilities

This Administrative Directive supercedes, consolidates, and updates the previous Administrative Directives (AD) and Executive Memorandum (EM) relating to accessibility and persons with disabilities as listed below:

- AD 97-01 Responsibilities for Americans with Disabilities Act Coordination and Implementation,
- AD 97-02 Communication Access for Persons with Disabilities to Programs, Services, and Activities of the State of Hawaii,
- AD 97-03 Non-Discrimination to Programs, Services, and Activities of the State of Hawaii on the Basis of Disability,
- AD 98-01 Reasonable Accommodation for Persons with Disabilities,
- AD 98-02 Facility Access, and
- EM 06-02 Access to State Government by Persons with Disabilities.

The State of Hawai'i, as an employer and an operator of government programs, services, and activities, is committed to the needs and civil rights of individuals with disabilities through compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, and the ADA Amendments Act (ADAAA), Public Law 110-325. As stated in the aforementioned Administrative Directives and Executive Memorandum, we remain committed to our legal obligation to provide equal access to employment, programs, services, and activities of State government for persons with disabilities in the State of Hawai'i. On September 15, 2010 and March 25, 2011, the U.S. Department of Justice (DOJ) and the U.S. Equal Employment Opportunity Commission (EEOC), respectively, issued new federal administrative rules relating to the ADA. The rules related to ADA Titles II and III became effective on March 15, 2011. Other portions of

the rules relating to the 2010 ADA Standards for Accessible Design went into effect on March 15, 2012. The EEOC rules for the ADAAA became effective on May 24, 2011. This directive reaffirms the State's commitment to accessibility for individuals with disabilities set forth under the ADA, the previous directives, and highlights the changes found in the new administrative rules promulgated by the DOJ and EEOC.

Although the following sections summarize portions of the ADA, the ADA provides the broad framework for equal opportunity and access to agency programs, services and activities, including state government, for individuals with disabilities. This memorandum focuses on the following topics:

- a. Facility Access;
- b. Access to State Programs, Services, and Activities;
- c. Communication Access;
- d. Employment; and
- e. ADA Coordination.

Facility Access

Facility accessibility involves new construction and alteration of buildings, facilities, and sites by the State (or on behalf of the State), existing state facilities, state agencies occupying space in leased facilities, and a state facility that is leased to a private entity. Each type of facility shall be fully accessible to and usable by individuals with disabilities.

For new construction and alteration, the State of Hawai'i adheres to legal requirements set forth under §103-50, Hawai'i Revised Statutes (HRS) that provides for the review of state and county construction projects by the Disability and Communication Access Board (DCAB) as well as the issuance of interpretive opinions. The Americans with Disabilities Act Accessibility Guidelines (ADAAG), Federal Fair Housing Amendments Act Accessibility Guidelines (FHAG), and DCAB interpretive opinions are the guidelines reviewed under §103-50, HRS.

Each department and agency shall ensure that all plans and specifications are submitted to DCAB for timely review prior to construction consistent with Hawai'i Administrative Rules (HAR), Title 11, Chapter 216, *Disability and Communication Access Board Rules of Practice and Procedure*.

If a department or a state agency plans to lease an existing facility from a private entity for office space, the responsible party should contact the Department of Accounting and General Services (DAGS). DAGS has a checklist that will assist the agency to select a site that is accessible to individuals with disabilities. A copy of the checklist can be obtained from the DAGS, Public Works Division, Leasing Branch at (808) 586-0508.

Access to State Programs, Services, and Activities

Policies and practices of the State of Hawai'i departments and agencies shall be non-discriminatory and inclusive of the whole community (including individuals with and without disabilities). This right includes not only the opportunity to participate, but an opportunity that is equally effective as that provided to individuals without disabilities. Policies, practices, and procedures of departments and agencies shall be modified to provide equal access to individuals with disabilities, unless doing so would fundamentally alter the nature of the program, service, or activity or create undue administrative or financial burden to state government.

Programs, services, and activities of the State of Hawai'i shall be delivered in the most inclusive setting appropriate to the individual's level of need. The inclusion of individuals with disabilities is the goal of the ADA and the goal of the State of Hawai'i. In the delivery of programs, services, and activities, the State of Hawai'i departments and agencies shall not use eligibility criteria that screen out or tend to screen out individuals with disabilities unless such eligibility criteria are a necessary provision for the program, service, or activity. Access shall also be provided to ongoing programs as well as periodic events such as conferences, workshops, public hearings, and all events sponsored or co-sponsored by the state.

Departments and agencies shall not charge individuals with disabilities a fee to offset the costs associated with providing access.

State websites provide access to information about programs, services, and activities to the public twenty-four hours a day, seven days a week (24/7). Departments and agencies shall ensure such information is accessible to everyone, including individuals with disabilities by complying with the DAGS, Information and Communication Services Division (ICSD) policy for accessibility of state department and agency websites in Comptroller's Memorandum (CM) 2010-28. Creating and maintaining accessible websites allows individuals with disabilities access to information 24/7, similar to anyone in the general public using a State website.

Guidance regarding access to programs, services, and activities of State government is available in the *Programs and Services Manual for Persons with Disabilities* published by DCAB.

Communication Access

To ensure that all individuals with disabilities be they consumers, companions, or family members have equal opportunity to participate in programs, services, and activities of the State of Hawai'i, auxiliary aids and services shall be provided upon request of the qualified individual with a disability. Auxiliary aids or services may be for individuals who are deaf, hard of hearing, deaf-blind, blind, have low vision or have speech

disabilities. When the department or agency chooses an auxiliary aid or service, preference should be given to the request of the individual with a disability.

State agencies shall reference the guidelines set forth in the *Communication Access Services for Persons who are Deaf, Hard of Hearing, and Deaf-Blind*, pursuant to HAR Title 11, Chapter 218, as adopted by DCAB to follow when hiring sign language interpreters and communication assistants for persons requesting such services.

State agencies shall also ensure that all contact points where the agency interacts with the public are accessible to persons with communication access needs.

State agencies may establish reasonable timeframes for individuals to request auxiliary aids or services in order to fill those requests. For a list of Communication Access Providers (i.e., American Sign Language (ASL)/English interpreters, real-time captioners, or computer-assisted notetakers), contact DCAB at (808) 586-8121.

Employment

As a major employer, the State of Hawai'i will provide equal opportunity in State employment to qualified individuals with disabilities. This commitment includes a legal obligation to provide reasonable accommodation to facilitate the employment of qualified individuals with disabilities. Reasonable accommodation is a logical adjustment made to the application process, in the work environment to enable the person to perform the essential functions of the job, or to receive benefits of employment.

The ADAAA of 2008 expanded the definition of "disability," so that the determination about whether or not an individual has a disability does not require extensive analysis. The expanded definition adds two non-exhaustive lists to clarify the meaning of "major life activities," as well as a list defining "major bodily functions." The expanded definition overturns previous Supreme Court decisions that narrowly construed the definition of disability.

When a person with a disability is an applicant or employee of the State of Hawai'i, the department or agency with the job vacancy has the primary responsibility to provide and pay for a requested accommodation. Guidance on the provision of reasonable accommodation for State job applicants and employees is available in the *Reasonable Accommodation for State Employees with Disabilities Manual* published by DCAB.

ADA Coordination

The State of Hawai'i reaffirms its commitment to equal opportunity for individuals with disabilities by designating DCAB to coordinate ADA compliance efforts for the Executive Branch.

Each department and agency head shall continue its responsibility and effort to provide equal opportunities to individuals with disabilities in the provision of programs and services, equal access to employment, and effective communication in all aspects of State government. Each department shall designate an ADA coordinator/liaison to work with DCAB to effectuate this directive.



NEIL ABERCROMBIE